

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/525722

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other		2-28-05	\$ 100.00

7 TOTAL AMOUNT OF REFUND \$ 100.00

8 TO BE REFUNDED BY:

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9 --

Fee Code Correction

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE:

SIGNATURE: BAC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

EXT 217

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: Adjustment date: 07/13/2005 BCAMPBELL
03/03/2005 11 AMNGRA 00000063 10525722
02 FC:1632 -500.00 UP

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: